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| Fill in this information to identify your case: |                               |                                 |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                               |                                 |
| NORTHERN DISTRICT OF ILLINOIS                   |                               |                                 |
| Case number (if known)                          | Chapter you are filing under: |                                 |
|   | Chapter 7                     |                                 |
|   | ☐ Chapter 11                  |                                 |
|   | ☐ Chapter 12                  |                                 |
|   | ☐ Chapter 13                  | Check if this an amended filing |

### Official Form 101

### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Identify Yourself  |  |   |
|----|--|--|---|
|    |  | About Debtor 1:                          | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name   |  |   |
|    | Write the name that is on  | Jemal                                    |   |
|    | your government-issued picture identification (for               | First name                               | First name                                    |
|    | example, your driver's license or passport).                     | Adem                                     |   |
|    |  | Middle name                              | Middle name                                   |
|    | Bring your picture identification to your                        | Omer                                     |   |
|    | meeting with the trustee.  | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
|    |  |  |   |
| 2. | All other names you have used in the last 8 years                |  |   |
|    | Include your married or maiden names.                            |  |   |
|    | maiden names.  |  |   |
| 3. | Only the last 4 digits of your Social Security number or federal | xxx-xx-4277                              |   |
|    | Individual Taxpayer<br>Identification number<br>(ITIN)           | AAA-AA-4211                              |   |
|    |  |  |   |

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Debtor 1 **Jemal Adem Omer** 

Case number (if known)

|  |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |  |
|--|---|---|--|--|--|--|
| 4. Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years |   | ■ I have not used any business name or EINs.  | ☐ I have not used any business name or EINs.   |  |  |  |
|  | Include trade names and doing business as names | Business name(s)  | Business name(s)   |  |  |  |
|  |   | EINs  | EINs   |  |  |  |
| 5.   | Where you live                                  | 1108 W Northshore Ave   | If Debtor 2 lives at a different address:  |  |  |  |
|  |   | Chicago, IL 60626  Number, Street, City, State & ZIP Code   | Number, Street, City, State & ZIP Code   |  |  |  |
|  |   | Cook  |  |  |  |  |
|  |   | County  | County   |  |  |  |
|  |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |  |  |  |
|  |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |  |  |  |
| 6.   | Why you are choosing this district to file for  | Check one:  | Check one:   |  |  |  |
|  | bankruptcy                                      | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |  |  |  |
|  |   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)  |  |  |  |
|  |   |   |  |  |  |  |

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Case number (if known) Debtor 1 **Jemal Adem Omer** 

| ar | Tell the Court About  | Your Bank  | cruptcy C  | ase  |  |  |  |  |
|----|---|------------|--|--|--|--|--|--|
|    | The chapter of the Bankruptcy Code you are  |            |  |  | ach, see <i>Notice Required by</i><br>ge 1 and check the appropria | 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy te box.   |  |  |
|    | choosing to file under  | ■ Chap     | ter 7  |  |  |  |  |  |
|    |   | ☐ Chap     | ter 11   |  |  |  |  |  |
|    |   | ☐ Chap     | ter 12   |  |  |  |  |  |
|    |   | □ Chap     |  |  |  |  |  |  |
|    |   | •          |  |  |  |  |  |  |
|    | How you will pay the fee  | abo<br>ord | vill pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details tout how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or mone der. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with pre-printed address. |  |  |  |  |  |
|    |   |            |  | y the fee in installn<br>ee in Installments (O   |  | ion, sign and attach the Application for Individuals to Pay  |  |  |
|    |   | ☐ Ire      | equest th  | at my fee be waived                              | (You may request this option                                       | on only if you are filing for Chapter 7. By law, a judge may, our income is less than 150% of the official poverty line that |  |  |
|    |   | apı        | plies to yo  | our family size and yo                           | ou are unable to pay the fee i                                     | in installments). If you choose this option, you must fill out icial Form 103B) and file it with your petition.              |  |  |
|    |   | uie        | : Арріісац   | on to have the Chap                              | ner 7 Filling Fee Walved (Olli                                     | icial Form 103B) and me it with your petition.   |  |  |
|    | Have you filed for bankruptcy within the  | ■ No.      |  |  |  |  |  |  |
|    | last 8 years?   | ☐ Yes.     |  |  |  |  |  |  |
|    |   |            | District   |  | <del></del>  | Case number  |  |  |
|    |   |            | District   |  | When   | Case number  |  |  |
|    |   |            | District   |  | When   | Case number  |  |  |
| 0. | Are any bankruptcy  | ■ No       |  |  |  |  |  |  |
|    | cases pending or being filed by a spouse who is not filing this case with you, or by a business | ☐ Yes.     |  |  |  |  |  |  |
|    | partner, or by an affiliate?  |            |  |  |  |  |  |  |
|    |   |            | Debtor   |  |  | Relationship to you  |  |  |
|    |   |            | District   |  | When   | Case number, if known  |  |  |
|    |   |            | Debtor   |  |  | Relationship to you  |  |  |
|    |   |            | District   |  | When   | Case number, if known  |  |  |
| 1. | Do you rent your  | □ No.      | Go to  | line 12.   |  |  |  |  |
|    | residence?  | Yes.       | Has y  | our landlord obtained                            | d an eviction judgment agains                                      | st you?  |  |  |
|    |   |            |  | No. Go to line 12.                               |  |  |  |  |
|    |   |            |  | Yes. Fill out <i>Initial</i> bankruptcy petition |  | Judgment Against You (Form 101A) and file it with this   |  |  |

Document Page 4 of 43 Case number (if known) Debtor 1 Jemal Adem Omer Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor No. of any full- or part-time Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. ■ No. For a definition of small business debtor, see 11 ☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is ☐ Yes. alleged to pose a threat of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs needed, why is it needed? immediate attention?

Number, Street, City, State & Zip Code

Where is the property?

For example, do you own perishable goods, or livestock that must be fed,

or a building that needs urgent repairs?

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Debtor 1 **Jemal Adem Omer** 

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| ] | I am not required to receive a briefing about credit |
|---|--|
|   | counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document Page 6 of 43 Case number (if known) Debtor 1 **Jemal Adem Omer** Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? No. Go to line 16b. ☐ Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. □ No. Chapter 7? I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Do you estimate that Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do **1**,000-5,000 **1** 25,001-50,000 1-49 you estimate that you **5001-10.000 5**0.001-100.000 **50-99** owe? **1**0,001-25,000 **1**00-199 ☐ More than 100,000 □ 200-999 How much do you □ \$500,000,001 - \$1 billion □ \$1,000,001 - \$10 million **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10.000.000.001 - \$50 billion **\$100,001 - \$500,000** □ \$500,001 - \$1 million □ \$100,000,001 - \$500 million ☐ More than \$50 billion 20. How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500.000.001 - \$1 billion estimate your liabilities □ \$1,000,000,001 - \$10 billion □ \$10,000,001 - \$50 million **\$50,001 - \$100,000** to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Jemal Adem Omer Signature of Debtor 2 Jemal Adem Omer Signature of Debtor 1 Executed on Executed on July 27, 2018 MM / DD / YYYY MM / DD / YYYY

Debtor 1 Jemal Adem Omer Document Page 7 of 43 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Jonathan R. Haddad                 | Date          | July 27, 2018            |
|--|---------------|--------------------------|
| Signature of Attorney for Debtor       | <del></del>   | MM / DD / YYYY           |
| Jonathan R. Haddad 6319215             |               |                          |
|  |               |                          |
| Printed name                           |               |                          |
| The Law Offices of Jonathan R Haddad   |               |                          |
| Firm name                              |               |                          |
| 1147 W 175th Street                    |               |                          |
| Homewood, IL 60430                     |               |                          |
| Number, Street, City, State & ZIP Code |               |                          |
| Contact phone (708)259-3337            | Email address | Jonathan@JRHaddadlaw.com |
| 6319215 IL                             |               |                          |
| Bar number & State                     |               | <del></del>              |

|                          | DUGUIII                   | III FAUE 0 01 43                                   |  |
|--------------------------|---------------------------|--|--|
| mation to identify your  | case:                     |  |  |
| Jemal Adem Ome           | er                        |  |  |
| First Name               | Middle Name               | Last Name  |  |
|                          |                           |  |  |
| First Name               | Middle Name               | Last Name  |  |
| ankruptcy Court for the: | NORTHERN DISTRICT         | OF ILLINOIS  |  |
|                          |                           |  |  |
|                          | Jemal Adem Ome First Name | Temation to identify your case:    Jemal Adem Omer | Temation to identify your case:    Jemal Adem Omer |

### Check if this is an amended filing

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Par | t 1: Summarize Your Assets  |              |                         |
|-----|---|--------------|-------------------------|
|     |   | Your as      | ssets<br>f what you own |
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B   | \$           | 0.00                    |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B  | \$           | 38,730.00               |
|     | 1c. Copy line 63, Total of all property on Schedule A/B   | \$           | 38,730.00               |
| Par | t 2: Summarize Your Liabilities   |              |                         |
|     |   |              | abilities<br>t you owe  |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D                  | \$           | 62,572.00               |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F   | \$           | 0.00                    |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F   | \$           | 32,572.00               |
|     | Your total liabilities  | \$           | 95,144.00               |
| Par | t3: Summarize Your Income and Expenses  |              |                         |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I   | \$           | 1,650.00                |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J   | \$           | 1,982.00                |
| Par | 4: Answer These Questions for Administrative and Statistical Records  |              |                         |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                                      | ur other sch | nedules.                |
| 7.  | Yes What kind of debt do you have?  |              |                         |
|     | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | a personal,  | family, or              |

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

|          | 00.00 =0 ==00=  | <br>     |                        |  |
|----------|-----------------|----------|------------------------|--|
|          |                 | Document | Page 9 of 43           |  |
| Debtor 1 | Jemal Adem Omer |          | Case number (if known) |  |
|          |                 |          |                        |  |

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14. | \$ |
|----|--|----|
| 0. |  | \$ |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on <i>Schedule E/F</i> , copy the following:   | Total cl | aim  |
|--|----------|------|
| 9a. Domestic support obligations (Copy line 6a.)   | \$       | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$       | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$       | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$       | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$       | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$      | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$       | 0.00 |

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|--------------------------|--|---|---|--------------------------------|-------------------------|-------------|--|
| Fill in                  | this information to identi               | fy your case                              |   | 1 (100, 10, 0) 40              |                         |             |  |
| Debto                    | r 1 Jemal Ade                            | m Omer                                    |   |                                |                         |             |  |
|                          | First Name                               |   | Middle Name   | Last Name                      |                         |             |  |
| Debtoi<br>(Spouse        | r 2<br>, if filing) First Name           |   | Middle Name   | Last Name                      |                         |             |  |
|                          |  |   |   |                                |                         |             |  |
| United                   | States Bankruptcy Court f                | or the: NOR                               | THERN DISTRICT OF ILLIN   | NOIS                           |                         |             |  |
| Case r                   | number                                   |   |   | -                              |                         |             | Check if this is an amended filing                 |
| Sch<br>n each<br>hink it | fits best. Be as complete an             | Propert I describe items Id accurate as p | S. List an asset only once. If a cossible. If two married people arate sheet to this form. On the | are filing together, both      | are equally responsible | for supply  | ring correct                                       |
|                          | every question.                          | •   |   |                                |                         |             | ,  |
| Part 1:                  | Describe Each Residence,                 | Building, Land                            | I, or Other Real Estate You Ow  | n or Have an Interest In       |                         |             |  |
| Do v                     | ou own or have any legal or              | equitable intere                          | est in any residence, building,   | land, or similar property      | ?                       |             |  |
| _ `                      | , ,                                      |   |   | , <b>-</b> -,                  |                         |             |  |
| _                        | o. Go to Part 2.                         |   |   |                                |                         |             |  |
| ☐ Ye                     | es. Where is the property?               |   |   |                                |                         |             |  |
| Part 2:                  | Describe Your Vehicles                   |   |   |                                |                         |             |  |
| omeor                    |  | a vehicle, also                           | e interest in any vehicles, vo report it on Schedule G: E: ehicles, motorcycles                   |                                |                         | any vehicl  | les you own that                                   |
| ПΝ                       | lo.                                      |   |   |                                |                         |             |  |
| ■ Y                      |  |   |   |                                |                         |             |  |
| 3.1                      | Make: Toyota                             |   | Who has an interest in the  | property? Check one            |                         |             | or exemptions. Put                                 |
|                          | Model: Sienna                            |   | Debtor 1 only   |                                |                         |             | aims on <i>Schedule D:</i><br>Secured by Property. |
|                          | Year: <b>2007</b>                        |   | Debtor 2 only   |                                | Current value of        | the Cı      | urrent value of the                                |
|                          | Approximate mileage:                     | 110000                                    | Debtor 1 and Debtor 2 of  | only                           | entire property?        |             | ortion you own?                                    |
| г                        | Other information:                       |   | At least one of the debto   | ors and another                |                         |             |  |
|                          |  |   | Check if this is commu  | unity property                 | \$2,279                 | 9.00        | \$2,279.00   |
| 3.2                      | Make: Toyota                             |   | Who has an interest in the  | e property? Check one          | the amount of any       | secured cla | or exemptions. Put aims on Schedule D:             |
|                          | Model: Prius                             |   | Debtor 1 only   |                                | Creditors Who Ha        | ve Claims S | Secured by Property.                               |
|                          | Year: <b>2011</b>                        | 400000                                    | Debtor 2 only   |                                | Current value of        |             | urrent value of the                                |
|                          | Approximate mileage:  Other information: | 160000                                    | Debtor 1 and Debtor 2 o   | •                              | entire property?        | po          | ortion you own?                                    |
| _                        | Outer Information:                       |   | At least one of the debto   | ors and another                |                         |             |  |

Official Form 106A/B Schedule A/B: Property page 1

 $\begin{tabular}{ll} \Box \begin{tabular}{ll} \textbf{Check if this is community property} \\ (\text{see instructions}) \end{tabular}$ 

\$2,505.00

\$2,505.00

Page 11 of 43

Case number (if known) Document Debtor 1 **Jemal Adem Omer** Do not deduct secured claims or exemptions. Put **Toyota** 3.3 Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: **Prius** Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2012 Year: Debtor 2 only Current value of the Current value of the 220000 Approximate mileage: entire property? portion you own? Debtor 1 and Debtor 2 only Other information: ☐ At least one of the debtors and another Value per KBB \$1,395.00 \$1.395.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$6,179.00 pages you have attached for Part 2. Write that number here..... Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... \$350.00 **Used Household Goods** 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... **Used Electronics** \$300.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... Official Form 106A/B

Case 18-21081

Doc 1

Filed 07/27/18

Entered 07/27/18 12:09:46

Desc Main

Case 18-21081 Doc 1 Filed 07/27/18 Entered 07/27/18 12:09:46 Desc Main Document Page 12 of 43 Case number (if known) Debtor 1 **Jemal Adem Omer** \$200.00 **Used Clothing** 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No ☐ Yes. Describe..... 13. Non-farm animals Examples: Dogs, cats, birds, horses No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$850.00 for Part 3. Write that number here ..... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No ☐ Yes. 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: ■ Yes..... Citibank \$200.00 Checking **MB Bank** \$1.500.00 Checking 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes.....

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

□ No

Yes. Give specific information about them.....

Name of entity:

% 100 Arja Inc

% of ownership:

### 20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

No

\$1.00

| De  | ebtor 1                   |                                 | dem Omer  | DOC 1                          | Docui          | ment            |              | 13 of 4        | IZIIIO 1<br>I3<br>Case num | .2.09.40<br>nber <i>(if knowi</i> |           | esc Main  |
|-----|---------------------------|---------------------------------|---|--------------------------------|----------------|-----------------|--------------|----------------|----------------------------|-----------------------------------|-----------|---|
|     | ☐ Yes.                    | Give specific                   | information a   | bout them er name:             |                |                 |              |                |                            |                                   |           |   |
| 21. | Exam <sub>l</sub><br>■ No | ples: Interest                  | sion accounts<br>s in IRA, ERIS<br>count separate<br>Type o | A, Keogh, 40                   | <i></i>        | thrift saving   | •            | ts, or other   | pension or                 | profit-sharin                     | g plans   | S   |
| 22. | Your s                    | share of all ur                 | and prepaym<br>nused deposits<br>ents with land             | s you have ma                  |                |                 |              |                |                            |                                   | anies,    | or others   |
|     | ■ No<br>□ Yes.            |                                 |   |                                |                | Institution r   | name or ir   | ndividual:     |                            |                                   |           |   |
| 23. | Annuit ■ No               | t <b>ies</b> (A contra          | act for a period  | lic payment of                 | f money to yo  | ou, either fo   | r life or fo | r a number     | of years)                  |                                   |           |   |
|     | ☐ Yes                     |                                 | Issuer name   | e and descript                 | tion.          |                 |              |                |                            |                                   |           |   |
| 24. |                           |                                 | cation IRA, in<br>(1), 529A(b), a                           |                                |                | d ABLE pro      | ogram, oı    | r under a c    | qualified sta              | ate tuition p                     | rograi    | n.  |
|     | ■ No<br>□ Yes             |                                 | Institution n   | ame and desc                   | cription. Sepa | arately file th | he records   | s of any int   | erests.11 U.               | S.C. § 521(                       | c):       |   |
| 25. | ■ No                      | •                               | or future inter   |                                | erty (other th | han anythin     | ng listed i  | n line 1), a   | and rights o               | or powers e                       | xercis    | able for your benefit   |
|     | Examµ<br>■ No             | ples: Internet                  | s, trademarks<br>domain name                                | s, websites, p                 |                |                 |              |                | nents                      |                                   |           |   |
|     | Licens<br>Examµ<br>□ No   | ses, franchis<br>ples: Building | es, and other permits, exclusion c information              | general inta<br>usive licenses |                | e associatio    | n holdings   | s, liquor lice | enses, profe               | essional lice                     | nses      |   |
|     | <b>—</b> 100.             | Cive specifi                    | _   |                                |                |                 |              |                |                            |                                   | -         |   |
|     |                           |                                 | Ľ   | Taxi Medall                    | ion: 468 TX    | X               |              |                |                            |                                   |           | \$30,000.00   |
| M   | oney or                   | property ow                     | red to you?   |                                |                |                 |              |                |                            |                                   |           | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | ■ No                      | funds owed Give specific        | to you  | bout them, in                  | cluding whetl  | her you alre    | eady filed   | the returns    | and the tax                | years                             |           |   |
|     |                           |                                 |   |                                |                |                 |              |                |                            |                                   |           |   |
|     | Exam <sub>i</sub><br>■ No |                                 | e or lump sum   |                                | usal support   | , child supp    | ort, maint   | enance, div    | vorce settler              | ment, prope                       | rty settl | lement  |
|     | <b>—</b> 163.             | Cive specific                   | , illioimation  | •••                            |                |                 |              |                |                            |                                   |           |   |
| 30. |                           | ples: Unpaid                    | meone owes<br>wages, disabi<br>s; unpaid loans              | lity insurance                 |                |                 | nefits, sick | pay, vacat     | tion pay, wo               | orkers' comp                      | ensati    | on, Social Security   |
|     | ☐ Yes.                    | Give specifi                    | c information   |                                |                |                 |              |                |                            |                                   |           |   |

Official Form 106A/B Schedule A/B: Property page 4

| Debtor 1            | Jemal Adem Omer  | Document                      | Page 14 of 43 Case number (if known)                |                            |
|---------------------|--|-------------------------------|---|----------------------------|
|                     | sts in insurance policies  | e: health savings account (   | (HSA); credit, homeowner's, or renter's insurar     | nce.                       |
| ■ No                | oros. Fleatin, disability, of the insurance  | o, noakii saviiigs account    | (1107), ordati, nomeowner e, or remer e modrar      | 100                        |
|                     | Name the insurance company of eac<br>Company nam   |                               | Beneficiary:  | Surrender or refund value: |
| If you a some of    | terest in property that is due you fr<br>are the beneficiary of a living trust, ex<br>one has died.  Give specific information |                               | ed surance policy, or are currently entitled to rec | eive property because      |
| Examp<br>■ No       | against third parties, whether or noles: Accidents, employment disputes  Describe each claim                                   |                               |   |                            |
| ■ No                | contingent and unliquidated claims  Describe each claim  | of every nature, includir     | ng counterclaims of the debtor and rights to        | set off claims             |
| ■ No                | nancial assets you did not already I   | ist                           |   |                            |
|                     | the dollar value of all of your entried<br>art 4. Write that number here   |                               | ny entries for pages you have attached              | \$31,701.00                |
| Part 5: De          | scribe Any Business-Related Property \   | ou Own or Have an Interest    | In. List any real estate in Part 1.                 |                            |
| 37. <b>Do you</b> 6 | own or have any legal or equitable inter   | est in any business-related p | property?   |                            |
| ■ No. Go            | to Part 6.   |                               |   |                            |
| ☐ Yes. (            | Go to line 38.   |                               |   |                            |
|                     | scribe Any Farm- and Commercial Fishi<br>ou own or have an interest in farmland, list  |                               | n or Have an Interest In.                           |                            |
| 46. <b>Do you</b>   | ı own or have any legal or equitable   | e interest in any farm- or    | commercial fishing-related property?                |                            |
|                     | Go to Part 7.  |                               |   |                            |
| ☐ Yes               | . Go to line 47.   |                               |   |                            |
| Part 7:             | Describe All Property You Own or Ha  | ve an Interest in That You Di | d Not List Above                                    |                            |
| Examp<br>■ No       | n have other property of any kind your ples: Season tickets, country club mer Give specific information                        |                               |   |                            |
|                     | he dollar value of all of your entries   | s from Part 7. Write that r   | number here   | \$0.00                     |

Official Form 106A/B Schedule A/B: Property page 5

Doc 1 Filed 07/27/18 Entered 07/27/18 12:09:46 Desc Main Case 18-21081 Page 15 of 43

Case number (if known)

Document Debtor 1 **Jemal Adem Omer** 

| Part | 8: List the Totals of Each Part of this Form                 |             |                              |             |
|------|--|-------------|------------------------------|-------------|
| 55.  | Part 1: Total real estate, line 2                            |             |                              | \$0.00      |
| 56.  | Part 2: Total vehicles, line 5                               | \$6,179.00  |                              |             |
| 57.  | Part 3: Total personal and household items, line 15          | \$850.00    |                              |             |
| 58.  | Part 4: Total financial assets, line 36                      | \$31,701.00 |                              |             |
| 59.  | Part 5: Total business-related property, line 45             | \$0.00      |                              |             |
| 60.  | Part 6: Total farm- and fishing-related property, line 52    | \$0.00      |                              |             |
| 61.  | Part 7: Total other property not listed, line 54 +           | \$0.00      |                              |             |
| 62.  | Total personal property. Add lines 56 through 61             | \$38,730.00 | Copy personal property total | \$38,730.00 |
| 63.  | Total of all property on Schedule A/B. Add line 55 + line 62 |             |                              | \$38,730.00 |

Official Form 106A/B Schedule A/B: Property page 6

|                     |   |                   | H 1 000: 10 01 <del>10</del> |  |                                      |  |  |  |
|---------------------|---|-------------------|------------------------------|--|--------------------------------------|--|--|--|
| Fill in this infor  | Il in this information to identify your case: |                   |                              |  |                                      |  |  |  |
| Debtor 1            | Jemal Adem Ome                                |                   |                              |  |                                      |  |  |  |
|                     | First Name                                    | Middle Name       | Last Name                    |  |                                      |  |  |  |
| Debtor 2            |   |                   |                              |  |                                      |  |  |  |
| (Spouse if, filing) | First Name                                    | Middle Name       | Last Name                    |  |                                      |  |  |  |
| United States Ba    | ankruptcy Court for the:                      | NORTHERN DISTRICT | OF ILLINOIS                  |  |                                      |  |  |  |
| Case number         |   |                   |                              |  |                                      |  |  |  |
| (if known)          |   |                   |                              |  | ☐ Check if this is an amended filing |  |  |  |

### Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| <ol> <li>Which set of exemptions are you claiming? Check one only, even if your spouse is filing wi</li> </ol> |
|--|
|--|

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own  Copy the value from Schedule A/B | ount of the exemption you claim   | Specific laws that allow exemption |  |
|--|--|---|------------------------------------|--|
| 2007 Toyota Sienna 110000 miles<br>Line from <i>Schedule A/B</i> : 3.1                 | \$2,279.00   | \$905.00  100% of fair market value, up to any applicable statutory limit   | 735 ILCS 5/12-1001(b)              |  |
| 2011 Toyota Prius 160000 miles<br>Line from Schedule A/B: 3.2                          | \$2,505.00   | \$2,400.00  100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(c)              |  |
| 2012 Toyota Prius 220000 miles<br>Value per KBB<br>Line from <i>Schedule A/B</i> : 3.3 | \$1,395.00   | \$1,395.00  100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b)              |  |
| Used Clothing Line from Schedule A/B: 11.1   | \$200.00   | \$200.00  100% of fair market value, up to any applicable statutory limit   | 735 ILCS 5/12-1001(a)              |  |
| Checking: Citibank Line from Schedule A/B: 17.1  | \$200.00   | \$200.00  100% of fair market value, up to any applicable statutory limit   | 735 ILCS 5/12-1001(b)              |  |

Case 18-21081 Filed 07/27/18 Entered 07/27/18 12:09:46 Document Page 17 of 43 Debtor 1 Jemal Adem Omer Case number (if known) Brief description of the property and line on *Schedule A/B* that lists this property Current value of the Amount of the exemption you claim Specific laws that allow exemption portion you own Copy the value from Check only one box for each exemption. Schedule A/B **Checking: MB Bank** 735 ILCS 5/12-1001(b) \$1,500.00 \$1,500.00 Line from Schedule A/B: 17.2 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Doc 1

Yes

Desc Main

|  |                                      | Document                                      | Page 18           | 3 of 43                                   |                             |                   |  |
|--|--------------------------------------|---|-------------------|---|-----------------------------|-------------------|--|
| Fill in this information   | on to identify you                   | ur case:                                      |                   |   |                             |                   |  |
| Dobtor 1   | lemel Adem O                         | mar.  |                   |   |                             |                   |  |
|  | Jemal Adem Or<br>First Name          | Middle Name                                   | Last Name         |   | -                           |                   |  |
| Debtor 2   |                                      | imade riame                                   | 2aot Hamo         |   |                             |                   |  |
|  | irst Name                            | Middle Name                                   | Last Name         |   |                             |                   |  |
|  |                                      |   |                   |   |                             |                   |  |
| United States Bankru   | ptcy Court for the                   | : NORTHERN DISTRICT OF ILI                    | LINOIS            |   | _                           |                   |  |
| 0  |                                      |   |                   |   |                             |                   |  |
| Case number  |                                      |   |                   |   | Charle                      | if their in an    |  |
| (II KIIOWII)   |                                      |   |                   |   |                             | if this is an     |  |
|  |                                      |   |                   |   | amend                       | ded filing        |  |
| Official Forms 4   | 000                                  |   |                   |   |                             |                   |  |
| Official Form 1  | <u>06D</u>                           |   |                   |   |                             |                   |  |
| Schedule D:  | Creditors                            | Who Have Claims                               | Secure            | d by Propert                              | V                           | 12/15             |  |
|  |                                      |   |                   |   | <i>J</i>                    |                   |  |
|  |                                      | If two married people are filing togeth       |                   |   |                             |                   |  |
| is needed, copy the Add<br>number (if known).                                      | litional Page, fill it               | out, number the entries, and attach it        | to this form. O   | n the top of any additio                  | nal pages, write your na    | me and case       |  |
| •  |                                      |   |                   |   |                             |                   |  |
| 1. Do any creditors hav  | e claims secured b                   | y your property?                              |                   |   |                             |                   |  |
| □ No. Check this   | box and submit t                     | this form to the court with your other        | r schedules. Y    | ou have nothing else t                    | to report on this form.     |                   |  |
| Yes Fill in all  | of the information                   | below   |                   |   |                             |                   |  |
|  |                                      | bolow.  |                   |   |                             |                   |  |
| Part 1: List All Se  | cured Claims                         |   |                   |   | 0.1.                        |                   |  |
| 2. List all secured clair  | ns. If a creditor has                | more than one secured claim, list the cre     | editor separately | , Column A                                | Column B                    | Column C          |  |
| for each claim. If more  | than one creditor has                | s a particular claim, list the other creditor | rs in Part 2. As  | Amount of claim                           | Value of collateral         | Unsecured         |  |
| much as possible, list th  | e claims in alphabet                 | ical order according to the creditor's name   | ne.               | Do not deduct the<br>value of collateral. | that supports this<br>claim | portion<br>If any |  |
| 2.1 Progressive  | Credit Uni                           | Describe the property that secures            | the claim:        | \$62,572.00                               | \$30,000.00                 | \$32,572.00       |  |
| Creditor's Name  | Siedit Oili                          |   | the claim.        | Ψ02,312.00                                | φ30,000.00                  | Ψ32,312.00        |  |
| Orealtor 3 Marrie  |                                      | Taxi Medallion: 468 TX                        |                   |   |                             |                   |  |
|  |                                      |   |                   |   |                             |                   |  |
| 404 114 00 1 0   |                                      | As of the date you file, the claim is:        | Check all that    |   |                             |                   |  |
| 131 W 33rd S   |                                      | apply.  | onoon an that     |   |                             |                   |  |
| New York, N  | / 10001                              | ☐ Contingent                                  |                   |   |                             |                   |  |
| Number, Street, City   | State & Zip Code                     | ☐ Unliquidated                                |                   |   |                             |                   |  |
|  |                                      | ☐ Disputed                                    |                   |   |                             |                   |  |
| Who owes the debt?   | Check one.                           | Nature of lien. Check all that apply.         |                   |   |                             |                   |  |
| <b>B</b> D 14 4 1  |                                      |   |                   |   |                             |                   |  |
| ■ Debtor 1 only  |                                      |   |                   |   |                             |                   |  |
| Debtor 2 only  |                                      | <u> </u>                                      |                   |   |                             |                   |  |
| ☐ Debtor 1 and Debtor  | 2 only                               | ☐ Statutory lien (such as tax lien, me        | echanic's lien)   |   |                             |                   |  |
| ☐ At least one of the de   | ebtors and another                   | Judgment lien from a lawsuit                  |                   |   |                             |                   |  |
| ☐ Check if this claim  | relates to a                         | ☐ Other (including a right to offset)         |                   |   |                             |                   |  |
| community debt   |                                      |   |                   |   |                             |                   |  |
|  |                                      |   |                   |   |                             |                   |  |
|  | Opened                               |   |                   |   |                             |                   |  |
|  | 03/08 Last                           |   |                   |   |                             |                   |  |
|  | Active                               |   | 0000              |   |                             |                   |  |
| Date debt was incurred   | 5/10/18                              | Last 4 digits of account num                  | ober 0000         |   |                             |                   |  |
|  |                                      |   |                   |   |                             |                   |  |
|  |                                      |   |                   |   |                             |                   |  |
| Add the dollar value   | of your entries in C                 | Column A on this page. Write that num         | nber here:        | \$62,57                                   | 72.00                       |                   |  |
| If this is the last page of your form, add the dollar value totals from all pages. |                                      |   |                   |   |                             |                   |  |
| Write that number he   | re:                                  |   |                   | \$02,57                                   | 72.00                       |                   |  |
| D 40 11 404  | . 5 11 22 14                         | 51/51/3/ 41 11/4                              |                   |   |                             |                   |  |
| Part 2: List Others  | to Be Notified to                    | or a Debt That You Already Listed             | 1                 |   |                             |                   |  |
|  |                                      | be notified about your bankruptcy for         |                   |   |                             |                   |  |
|  |                                      | owe to someone else, list the creditor        |                   |   |                             |                   |  |
| than one creditor for a debts in Part 1, do not                                    |                                      | it you listed in Part 1, list the additiona   | ai creditors her  | e. If you do not have ad                  | aitional persons to be n    | otified for any   |  |
| UEDIS III FAIT 1, 00 NOT   | iiii out or submit tr                | iiis paye.                                    |                   |   |                             |                   |  |
| Nome Number  | Stroot City State 9                  | Zin Codo                                      |                   |   |                             |                   |  |
|  | Street, City, State & ck & Associate |   | On whi            | ch line in Part 1 did you e               | nter the creditor? 2.1      |                   |  |
|  |                                      | 73  |                   | diale at a constant                       |                             |                   |  |
| 33 North Las<br>30th Floor   | Jane Street                          |   | Last 4            | digits of account number                  |                             |                   |  |
|  | enena                                |   |                   |   |                             |                   |  |
| Chicago, IL  | JUOU∠                                |   |                   |   |                             |                   |  |

Official Form 106D

|   |  | Document   | Page 19 of 4:   | 3   |  |
|---|--|--|---|---|--|
| Fill in this in   | nformation to identify your cas  | se:  |   |   |  |
| Debtor 1  | Jemal Adem Omer  |  |   |   |  |
| <b>D</b> 11 0   | First Name   | Middle Name  | Last Name   |   |  |
| Debtor 2<br>(Spouse if, filing)   | ) First Name   | Middle Name  | Last Name   |   |  |
| United State  | es Bankruptcy Court for the:   | NORTHERN DISTRICT OF IL  | LINOIS  |   |  |
| Officed State   |  | OKTIEKN DISTRICT OF IL   | LINOIS  |   |  |
| Case numbe  | er   |  |   |   | No a de Maleira de la care   |
| (II KIIOWII)  |  |  |   | _   | Check if this is an<br>Imended filing                                      |
|   |  |  |   |   | arrieriaca mirig   |
| Official F  | orm 106E/F   |  |   |   |  |
| <u>Schedul</u>  | e E/F: Creditors Wh  | o Have Unsecured   | Claims  |   | 12/15  |
| any executory<br>Schedule G: E<br>Schedule D: C<br>left. Attach the<br>name and cas | te and accurate as possible. Use F contracts or unexpired leases the executory Contracts and Unexpire Creditors Who Have Claims Secure e Continuation Page to this page. le number (if known). | at could result in a claim. Also l<br>I Leases (Official Form 106G). I<br>d by Property. If more space is<br>f you have no information to re | ist executory contracts of not include any credit needed, copy the Part you | on Schedule A/B: Property (Offic<br>tors with partially secured claims<br>ou need, fill it out, number the en | ial Form 106A/B) and on<br>that are listed in<br>tries in the boxes on the |
|   | ist All of Your PRIORITY Unse  |  |   |   |  |
|   | reditors have priority unsecured c   | iaims against you?   |   |   |  |
|   | o to Part 2.   |  |   |   |  |
| Part 2: Li  | ist All of Your NONPRIORITY  | Insecured Claims   |   |   |  |
|   | reditors have nonpriority unsecur  |  |   |   |  |
| _ `   | ou have nothing to report in this part.  |  | your other schedules  |   |  |
| _   | ou have nothing to report in this part.  | Submit this form to the court with   | your other schedules.   |   |  |
| Yes.  |  |  |   |   |  |
| unsecure  | f your nonpriority unsecured clain<br>d claim, list the creditor separately fo<br>creditor holds a particular claim, list t  | r each claim. For each claim listed  | I, identify what type of clai   | m it is. Do not list claims already inc   | cluded in Part 1. If more  |
|   |  |  |   |   | Total claim  |
|   | gressive Credit Uni  | Last 4 digits of acc   | ount number   |   | \$32,572.00  |
|   | oriority Creditor's Name W 33rd St Fl 7  | When was the deb   | incurred?   |   |  |
|   | v York, NY 10001   |  |   |   | _  |
|   | ber Street City State Zlp Code   | As of the date you   | file, the claim is: Check   | all that apply  |  |
| _   | incurred the debt? Check one.  | П  |   |   |  |
| _   | Debtor 1 only  | ☐ Contingent   |   |   |  |
|   | Debtor 2 only  | ☐ Unliquidated   |   |   |  |
| _   | Debtor 1 and Debtor 2 only  At least one of the debtors and another  | ☐ Disputed  Type of NONPRIOR   | RITY unsecured claim:   |   |  |
|   | Check if this claim is for a commu   | ,  |   |   |  |
| debt  | :  |  | ng out of a separation agre   | eement or divorce that you did not  |  |
|   | e claim subject to offset?   | report as priority cla   |   |   |  |
| ■ N   |  | •  | or profit-sharing plans, a  |   |  |
| ПΥ  | 'es  | Other. Specify   | Estimated Deficien  | icy   | _  |
|   |  | . 51.71.17   |   |   |  |
|   | ist Others to Be Notified Abou   |  |   |   |  |
| is trying to<br>have more   | ge only if you have others to be no<br>collect from you for a debt you ov<br>than one creditor for any of the de<br>any debts in Parts 1 or 2, do not f  | re to someone else, list the orig<br>bts that you listed in Parts 1 or   | inal creditor in Parts 1 o  | r 2, then list the collection agend   | y here. Similarly, if you  |
| Part 4: A   | dd the Amounts for Each Type   | e of Unsecured Claim   |   |   |  |
|   | mounts of certain types of unsecu<br>ecured claim.   | red claims. This information is  | or statistical reporting p  | ourposes only. 28 U.S.C. §159. Ac   | d the amounts for each   |
|   | l or process   |  | •   | Total Claim   |  |
| Total   | 6a. Domestic support obli  | gations  | 6a.   | \$ 0.00   | <u></u>  |
| i Utal  |  |  |   |   |  |

Official Form 106 E/F

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### Debtor 1 **Jemal Adem Omer**

| claims<br>from Part 1    | 6b. | Taxes and certain other debts you owe the government                              | 6b. | \$<br>0.00      |
|--------------------------|-----|---|-----|-----------------|
|                          | 6c. | Claims for death or personal injury while you were intoxicated                    | 6c. | \$<br>0.00      |
|                          | 6d. | Other. Add all other priority unsecured claims. Write that amount here.           | 6d. | \$<br>0.00      |
|                          | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$<br>0.00      |
|                          |     |   |     | Total Claim     |
|                          | 6f. | Student loans   | 6f. | \$<br>0.00      |
| Total claims from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that                 |     |                 |
|                          | og. | you did not report as priority claims   | 6g. | \$<br>0.00      |
|                          | 6h. | Debts to pension or profit-sharing plans, and other similar debts                 | 6h. | \$<br>0.00      |
|                          | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$<br>32,572.00 |
|                          | 6j. | Total Nonpriority. Add lines 6f through 6i.                                       | 6j. | \$<br>32,572.00 |

|   |                          |                   | III FAU <del>C</del> ZI (J. <del>4</del> 3 |  |  |  |
|---|--------------------------|-------------------|--|--|--|--|
| Fill in this information to identify your case: |                          |                   |  |  |  |  |
| Debtor 1  | Jemal Adem Ome           | er                |  |  |  |  |
|   | First Name               | Middle Name       | Last Name                                  |  |  |  |
| Debtor 2  |                          |                   |  |  |  |  |
| (Spouse if, filing)                             | First Name               | Middle Name       | Last Name                                  |  |  |  |
| United States Ba                                | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS                                |  |  |  |
| Case number                                     |                          |                   |  |  |  |  |
| (if known)                                      |                          |                   |  |  |  |  |
|   |                          |                   |  |  |  |  |

### Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with | n whom you have the o | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|-----------------------|-------------------|---|
| 2.1 |           |              |                       |                   |   |
|     | Name      |              |                       |                   | _                                       |
|     |           |              |                       |                   |   |
|     | Number    | Street       |                       |                   | _                                       |
|     | City      |              | State                 | ZIP Code          | _                                       |
| 2.2 | City      |              | State                 | ZIP Code          |   |
|     | Name      |              |                       |                   | _                                       |
|     |           |              |                       |                   |   |
|     | Number    | Street       |                       |                   | _                                       |
|     |           |              |                       |                   | _                                       |
|     | City      |              | State                 | ZIP Code          |   |
| 2.3 |           |              |                       |                   | _                                       |
|     | Name      |              |                       |                   |   |
|     |           |              |                       |                   | _                                       |
|     | Number    | Street       |                       |                   |   |
|     | City      |              | State                 | ZIP Code          | _                                       |
| 2.4 |           |              |                       |                   |   |
|     | Name      |              |                       |                   | _                                       |
|     |           |              |                       |                   |   |
|     | Number    | Street       |                       |                   | _                                       |
|     |           |              |                       |                   | _                                       |
|     | City      |              | State                 | ZIP Code          |   |
| 2.5 | Name      |              |                       |                   | _                                       |
|     | Name      |              |                       |                   |   |
|     | Number    | Ctroot       |                       |                   | _                                       |
|     | Nulliber  | Street       |                       |                   |   |
|     | City      |              | State                 | ZIP Code          | _                                       |
|     |           |              |                       |                   |   |

|                |   | Docume                         | ent Page 22 d           | of 43   |         |
|----------------|---|--------------------------------|-------------------------|---|---------|
| Fill in this   | s information to identify you                                     | r case:                        |                         |   |         |
| Dahtan 4       | James I Aslama On   |                                |                         |   |         |
| Debtor 1       | Jemal Adem On First Name  | Niddle Name                    | Last Name               |   |         |
| Debtor 2       | ristitanis  | Wilddie Hame                   | Last Hamo               |   |         |
| (Spouse if, fi | ling) First Name  | Middle Name                    | Last Name               |   |         |
|                |   |                                |                         |   |         |
| United Sta     | ates Bankruptcy Court for the:                                    | NORTHERN DISTRICT              | OF ILLINOIS             |   |         |
| Caca nun       | ahar  |                                |                         |   |         |
| Case num       |   |                                |                         | ☐ Check if this is an   |         |
|                |   |                                |                         | amended filing  |         |
|                |   |                                |                         |   |         |
| Officia        | al Form 106H  |                                |                         |   |         |
|                |   | da 64a wa                      |                         |   |         |
| Sche           | dule H: Your Co   | aeptors                        |                         | 12/1  | 5       |
| ·              |   |                                |                         |   |         |
|                | e and case number (if known<br>you have any codebtors? (          |                                |                         | as a codebtor.  |         |
|                |   |                                |                         |   |         |
| ■ No           |   |                                |                         |   |         |
| ☐ Ye           | es  |                                |                         |   |         |
|                | thin the last 8 years, have yo<br>na, California, Idaho, Louisian |                                |                         | y? (Community property states and territories include ington, and Wisconsin.)                                 |         |
| ■ No           | o. Go to line 3.  |                                |                         |   |         |
|                | es. Did your spouse, former sp                                    | ouse, or legal equivalent live | with you at the time?   |   |         |
| ште            | s. Dia your spouse, former sp                                     | ouse, or legal equivalent live | e with you at the time? |   |         |
|                |   |                                |                         |   |         |
|                |   |                                |                         | if your spouse is filing with you. List the person sho  |         |
|                |   |                                |                         | sure you have listed the creditor on Schedule D (Offi<br>16G). Use Schedule D, Schedule E/F, or Schedule G to |         |
|                | Column 2.   | ari oriii 100L/i ), or oched   | ule 6 (Official Form 10 | os, ose scriedule D, scriedule L/1, or scriedule s to   | , ,,,,, |
|                |   |                                |                         |   |         |
|                | Column 1: Your codebtor Name, Number, Street, City, State and     | 7IP Codo                       |                         | Column 2: The creditor to whom you owe the del  | ot      |
|                | Name, Number, Street, Oily, State and                             | ZIF Code                       |                         | Check all schedules that apply:   |         |
| 3.1            |   |                                |                         | ☐ Schedule D, line  |         |
| 5.1            | Name  |                                |                         | ☐ Schedule E/F, line  |         |
|                |   |                                |                         | ☐ Schedule G, line  |         |
|                |   |                                |                         | □ Scriedule G, line   |         |
|                | Number Street   |                                |                         | _   |         |
|                | City  | State                          | ZIP Code                |   |         |
|                |   |                                |                         |   | _       |
| 3.2            |   |                                |                         | Schedule D, line  |         |
|                | Name  |                                |                         | ☐ Schedule E/F, line  |         |
|                |   |                                |                         | ☐ Schedule G, line  |         |
|                | Number Street   |                                |                         | _   |         |
|                | City  | State                          | ZIP Code                |   |         |

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|             |   |                            |   |              |       | •                                |                                    |                                |          |
|-------------|---|----------------------------|---|--------------|-------|----------------------------------|------------------------------------|--------------------------------|----------|
|             | in this information to identify your obtor 1  Jemal Aden  |                            |   |              |       |                                  |                                    |                                |          |
|             | btor 2  |                            |   |              | _     |                                  |                                    |                                |          |
|             | ited States Bankruptcy Court for the  | : NORTHERN DISTRIC         | CT OF ILLINOIS                                      |              |       |                                  |                                    |                                |          |
|             | se number<br>nown)  |                            | -   |              |       |                                  | ded filing<br>ment showir          | ng postpetition ollowing date: |          |
| 0           | fficial Form 106I   |                            |   |              |       | MM / DD                          | / YYYY                             |                                |          |
| S           | chedule I: Your Inc   | ome                        |   |              |       |                                  |                                    |                                | 12/15    |
| spo<br>atta | plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  The describe Employment fill in your employment | ır spouse is not filing w  | ith you, do not inclu                               | ude infor    | mati  | on about your s<br>I case number | pouse. If m<br>if known). <i>I</i> | ore space is<br>Answer every   | needed,  |
|             | information.  |                            | Debtor 1  |              |       |                                  |                                    | iling spouse                   |          |
|             | If you have more than one job,<br>attach a separate page with<br>information about additional   | Employment status          | <ul><li>■ Employed</li><li>□ Not employed</li></ul> | _            |       |                                  | ployed<br>employed                 |                                |          |
|             | employers.  | Occupation                 | Taxi Driver   | Taxi Driver  |       |                                  |                                    |                                |          |
|             | Include part-time, seasonal, or self-employed work.   | Employer's name            | Arja Inc  |              |       |                                  |                                    |                                |          |
|             | Occupation may include student or homemaker, if it applies.   | Employer's address         | 6550 N Clark<br>Chicago, IL 606                     | 626          |       |                                  |                                    |                                |          |
|             |   | How long employed t        | here? 10 yea  | rs           |       |                                  |                                    |                                |          |
| Pai         | t 2: Give Details About Mo  | nthly Income               |   |              |       |                                  |                                    |                                |          |
|             | mate monthly income as of the duse unless you are separated.  | ate you file this form. If | you have nothing to                                 | report for   | any   | line, write \$0 in t             | ne space. In                       | clude your no                  | n-filing |
|             | ou or your non-filing spouse have mee space, attach a separate sheet to   |                            | ombine the information                              | on for all e | emplo | oyers for that pe                | son on the l                       | ines below. If                 | you need |
|             |   |                            |   |              |       | For Debtor 1                     |                                    | ebtor 2 or<br>ing spouse       |          |
| 2.          | List monthly gross wages, sala deductions). If not paid monthly,  |                            |   | 2.           | \$    | 0.0                              | <u> </u>                           | N/A                            |          |
| 3.          | Estimate and list monthly over  | ime pay.                   |   | 3.           | +\$   | 0.0                              | )+\$                               | N/A                            |          |
| 4.          | Calculate gross Income. Add li  | ne 2 + line 3.             |   | 4.           | \$    | 0.00                             | \$                                 | N/A                            |          |

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| Deb | tor 1                           | Jemal Adem Omer   | -              | C              | ase n          | umber (if ki         | nown)                                |                   |        |                                 |             |
|-----|---------------------------------|---|----------------|----------------|----------------|----------------------|--------------------------------------|-------------------|--------|---------------------------------|-------------|
|     |                                 |   |                |                | For D          | Debtor 1             |                                      |                   | Debtor |                                 |             |
|     | Cop                             | y line 4 here   | 4.             |                | \$             | (                    | 0.00                                 | \$                |        | N/A                             | _           |
| 5.  | List                            | all payroll deductions:   |                |                |                |                      |                                      |                   |        |                                 |             |
| ٠.  | 5a.                             | Tax, Medicare, and Social Security deductions   | 5a             | 1              | \$             |                      | 0.00                                 | \$                |        | N/A                             |             |
|     | 5b.                             | Mandatory contributions for retirement plans  | 5b             |                | \$             |                      | 0.00                                 | \$_               |        | N/A                             | _           |
|     | 5c.                             | Voluntary contributions for retirement plans  | 5c             |                | \$             |                      | 0.00                                 | \$-               |        | N/A                             | _           |
|     | 5d.                             | Required repayments of retirement fund loans  | 5d             |                | \$<br>—        |                      | 0.00                                 | \$_               |        | N/A                             | _           |
|     | 5e.                             | Insurance   | 5e             |                | \$             |                      | 0.00                                 | \$_               |        | N/A                             | _           |
|     | 5f.                             | Domestic support obligations  | 5f.            |                | \$             |                      | 0.00                                 | \$_               |        | N/A                             | _           |
|     | 5g.                             | Union dues  | 5g             | ١.             | \$             |                      | 0.00                                 | \$_               |        | N/A                             | _           |
|     | 5h.                             | Other deductions. Specify:  | 5h             |                | \$             |                      | 0.00                                 | + \$              |        | N/A                             | _           |
| 6.  | Add                             | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | _<br>6.        |                | \$             |                      | 0.00                                 | \$                |        | N/A                             | -           |
| 7.  |                                 | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.             |                | \$             | (                    | 0.00                                 | \$                |        | N/A                             | -           |
| 8.  | 8b.<br>8c.<br>8d.<br>8e.<br>8f. | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security  Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental) | 8c<br>8d<br>8e | ).<br>:.<br>I. | \$<br>\$<br>\$ | (                    | 0.00<br>0.00<br>0.00<br>0.00<br>0.00 | \$_<br>\$_<br>\$_ |        | N/A<br>N/A<br>N/A<br>N/A<br>N/A | -<br>-<br>- |
|     |                                 | Nutrition Assistance Program) or housing subsidies.   | ۰,             |                | •              | _                    |                                      | •                 |        |                                 |             |
|     | 0~                              | Specify: Pension or retirement income   | _ 8f.          |                | \$             |                      | 0.00                                 | \$_<br>\$         |        | N/A                             | _           |
|     | 8g.<br>8h.                      | Other monthly income. Specify:  | 8g<br>8h       |                | \$             |                      | 0.00                                 | + \$              |        | N/A<br>N/A                      | _           |
|     | 011.                            |   | _ '''          | ···            | Ψ              |                      | 7.00                                 | ·                 |        | 14/7                            |             |
| 9.  | Add                             | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.             | \$             | i              | 1,650                | 0.00                                 | \$                |        | N/A                             | 4           |
| 10. | Cal                             | culate monthly income. Add line 7 + line 9.   | 10.            | \$             | 1.             | ,650.00              | + \$                                 |                   | N/A    | = \$                            | 1,650.00    |
|     | Add                             | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  |                |                |                | ,                    | _                                    |                   |        | _                               | ,           |
| 11. | Inclu<br>othe<br>Do r           | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. In the include any amounts already included in lines 2-10 or amounts that are not acify:   | depe           |                |                |                      |                                      | •                 |        | ⊋ J.<br>+\$                     | 0.00        |
| 12. |                                 | I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies   |                |                |                |                      |                                      |                   | 12.    | \$                              | 1,650.00    |
| 13. |                                 | you expect an increase or decrease within the year after you file this form   | ?              |                |                |                      |                                      |                   |        |                                 | y income    |
|     |                                 | No. Yes. Explain: Debtor's income will be reduced as he is surrence.  | lorin          | \a \           | ie m           | odallica             |                                      |                   |        |                                 |             |
|     |                                 | Deptor a income will be reduced as he is sufferior  | 101 III        | ıyı            | ııə III        | <del>c</del> uaiii0l | ١.                                   |                   |        |                                 |             |

| Fill      | in this information to identify your case:   |  |                  |   |   |
|-----------|--|--|------------------|---|---|
| Deb       | otor 1 Jemal Adem Omer   |  | Chec             | ck if this is:  |   |
|           | otor 2 ouse, if filing)  |  |                  | An amended filing<br>A supplement show<br>13 expenses as of | ving postpetition chapter the following date: |
| Unit      | ted States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLIN  | OIS  | -                | MM / DD / YYYY  |   |
|           | se number  |  |                  | , 22,   |   |
|           | nown)  |  |                  |   |   |
|           | fficial Form 106J  |  |                  |   |   |
|           | chedule J: Your Expenses as complete and accurate as possible. If two married people ar  | ro filing together, bet                      | h aro ogu        | ally responsible fo   | 12/15   |
| info      | ormation. If more space is needed, attach another sheet to this mber (if known). Answer every question.  |  |                  |   |   |
| Par<br>1. | t 1: Describe Your Household Is this a joint case?   |  |                  |   |   |
| ١.        | No. Go to line 2.  |  |                  |   |   |
|           | ☐ Yes. Does Debtor 2 live in a separate household?   |  |                  |   |   |
|           | ☐ No☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses   | s for Separate Househ                        | old of Deb       | tor 2   |   |
| 2.        | Do you have dependents? $\square$ No   | Tor departie Housen                          | 0/4 0/ 000       | IOI 2.  |   |
| ۷.        | Do not list Debtor 1 and Debtor 2.  Fill out this information for each dependent   | Dependent's relation<br>Debtor 1 or Debtor 2 |                  | Dependent's age   | Does dependent live with you?                 |
|           | Do not state the   |  |                  |   | □ No  |
|           | dependents names.  | Son  |                  |   | ■ Yes<br>□ No                                 |
|           |  | Daughter                                     |                  | 19  | ■ Yes   |
|           |  |  |                  |   | □ No  |
|           |  |  |                  |   | ☐ Yes<br>☐ No                                 |
|           |  |  |                  |   | ☐ Yes   |
| 3.        | Do your expenses include expenses of people other than   |  |                  |   |   |
|           | yourself and your dependents?  |  |                  |   |   |
| Est       | t 2: Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing date unless yourness as of a date after the bankruptcy is filed. If this is a suppolicable date. |  |                  |   |   |
| the       | lude expenses paid for with non-cash government assistance is value of such assistance and have included it on <i>Schedule I: Y</i> ficial Form 106I.)   |  |                  | Your expe   | enses   |
| 4.        | The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.  | nclude first mortgage                        | 4. \$            |   | 600.00  |
|           | If not included in line 4:   |  |                  |   |   |
|           | 4a. Real estate taxes  |  | 4a. \$           |   | 0.00  |
|           | 4b. Property, homeowner's, or renter's insurance   |  | 4b. \$           |   | 0.00  |
|           | Home maintenance, repair, and upkeep expenses     Homeowner's association or condominium dues  |  | 4c. \$<br>4d. \$ |   | 20.00   |
| 5.        | Additional mortgage payments for your residence, such as ho  | me equity loans                              | 4a. \$<br>5. \$  |   | 0.00  |

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| Debtor 1        | Jemal Adem Omer   | Case num         | ber (if known)    |                          |
|-----------------|---|------------------|-------------------|--------------------------|
| . Utiliti       | ec.   |                  |                   |                          |
|                 | Electricity, heat, natural gas  | 6a.              | \$                | 0.00                     |
|                 | Water, sewer, garbage collection  | 6b.              | · ·               | 0.00                     |
|                 | Telephone, cell phone, Internet, satellite, and cable services  | 6c.              | ·                 | 100.00                   |
|                 | Other. Specify:   | 6d.              | ·                 | 0.00                     |
|                 | and housekeeping supplies   | 7.               | ·                 | 650.00                   |
|                 | care and children's education costs   | 8.               | \$                |                          |
|                 |   | o.<br>9.         | \$                | 0.00                     |
|                 | ing, laundry, and dry cleaning<br>onal care products and services   |                  | *                 | 100.00                   |
|                 | •   | 10.              | ·                 | 100.00                   |
|                 | cal and dental expenses   | 11.              | \$                | 40.00                    |
|                 | sportation. Include gas, maintenance, bus or train fare.  ot include car payments.  | 12.              | \$                | 200.00                   |
|                 | tainment, clubs, recreation, newspapers, magazines, and books   | 13.              | \$                | 0.00                     |
|                 | table contributions and religious donations   | 14.              | •                 | 0.00                     |
| . Insura        | •   |                  | *                 | 0.00                     |
|                 | of include insurance deducted from your pay or included in lines 4 or 20.   |                  |                   |                          |
|                 | Life insurance  | 15a.             | \$                | 0.00                     |
| 15b.            | Health insurance  | 15b.             | \$                | 0.00                     |
|                 | Vehicle insurance   | 15c.             | · ·               | 172.00                   |
|                 | Other insurance. Specify:   | 15d.             |                   | 0.00                     |
|                 | s. Do not include taxes deducted from your pay or included in lines 4 or 20.  |                  |                   | 0.00                     |
| Specif          | fy:   | 16.              | \$                | 0.00                     |
|                 | Ilment or lease payments:   | 170              | ¢                 | 0.00                     |
|                 | Car payments for Vehicle 1  | 17a.             | ·                 | 0.00                     |
|                 | Car payments for Vehicle 2  | 17b.             |                   | 0.00                     |
|                 | Other. Specify:   | 17c.             |                   | 0.00                     |
|                 | Other. Specify:   | 17d.             | \$                | 0.00                     |
|                 | payments of alimony, maintenance, and support that you did not report<br>cted from your pay on line 5, Schedule I, Your Income (Official Form 100 |                  | \$                | 0.00                     |
|                 | r payments you make to support others who do not live with you.   | 0.,.             | \$                | 0.00                     |
| Specif          |   | 19.              | *                 | 0.00                     |
|                 | r real property expenses not included in lines 4 or 5 of this form or on S  |                  | our Income.       |                          |
|                 | Mortgages on other property   | 20a.             |                   | 0.00                     |
|                 | Real estate taxes   | 20b.             | \$                | 0.00                     |
|                 | Property, homeowner's, or renter's insurance  | 20c.             | ·                 | 0.00                     |
|                 | Maintenance, repair, and upkeep expenses  | 20d.             | ·                 | 0.00                     |
|                 | Homeowner's association or condominium dues   | 20e.             |                   | 0.00                     |
|                 | r. Specify:   | 21.              | ·                 |                          |
|                 | · · · ————————————————————————————————  |                  | ΙΨ                | 0.00                     |
|                 | ulate your monthly expenses   |                  |                   |                          |
|                 | Add lines 4 through 21.   |                  | \$                | 1,982.00                 |
| 22b. C          | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J   | I-2              | \$                |                          |
| 22c. A          | Add line 22a and 22b. The result is your monthly expenses.  |                  | \$                | 1,982.00                 |
| . Calcu         | late your monthly net income.   |                  |                   |                          |
|                 | Copy line 12 (your combined monthly income) from Schedule I.  | 23a.             | \$                | 1,650.00                 |
|                 | Copy your monthly expenses from line 22c above.   | 23b.             | ·                 | 1,982.00                 |
| 200.            | Sopy you. Montally expended from the 226 above.   | 200.             |                   | 1,302.00                 |
|                 | Subtract your monthly expenses from your monthly income.  | 222              | <b>\$</b>         | -332.00                  |
|                 | The result is your monthly net income.  | 23c.             | \$                | -332.00                  |
| 4. <b>Do yo</b> | ou expect an increase or decrease in your expenses within the year afte   | er you file this | form?             |                          |
|                 | ample, do you expect to finish paying for your car loan within the year or do you expect  | your mortgage    | payment to increa | se or decrease because o |
|                 | cation to the terms of your mortgage?   |                  |                   |                          |
| ■ No            |   |                  |                   |                          |
| ☐ Ye            | es. Explain here:   |                  |                   |                          |

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| Fill in this                  | information to identify your   | case:                     |                             |                                     |                        |
|-------------------------------|--------------------------------|---------------------------|-----------------------------|-------------------------------------|------------------------|
| Debtor 1                      | Jemal Adem Ome                 | er                        |                             |                                     |                        |
|                               | First Name                     | Middle Name               | Last Name                   |                                     |                        |
| Debtor 2<br>(Spouse if, filin | rirst Name                     | Middle Name               | Last Name                   |                                     |                        |
|                               |                                |                           |                             |                                     |                        |
| United Stat                   | tes Bankruptcy Court for the:  | NORTHERN DISTRICT         | OF ILLINOIS                 |                                     |                        |
| Case numb                     | per                            |                           |                             |                                     |                        |
| (if known)                    |                                |                           |                             | _                                   | neck if this is an     |
|                               |                                |                           |                             | am                                  | nended filing          |
|                               |                                |                           |                             |                                     |                        |
| Official I                    | Form 106Dec                    |                           |                             |                                     |                        |
|                               |                                |                           | Dali (ania Oa               | In a deal are                       |                        |
| Decia                         | ration About a                 | <u>ın individual</u>      | Deptor's Sc                 | nedules                             | 12/15                  |
|                               |                                |                           |                             |                                     |                        |
| t two marri                   | ied people are filing together | r, both are equally respo | insible for supplying corr  | rect information.                   |                        |
| You must fi                   | ile this form whenever you fi  | le bankruptcy schedules   | s or amended schedules.     | . Making a false statement, conce   | aling property, or     |
|                               |                                |                           | kruptcy case can result i   | n fines up to \$250,000, or impriso | nment for up to 20     |
| ears, or bo                   | oth. 18 U.S.C. §§ 152, 1341, 1 | 519, and 35/1.            |                             |                                     |                        |
|                               | _                              |                           |                             |                                     |                        |
|                               | Sign Below                     |                           |                             |                                     |                        |
|                               |                                |                           |                             |                                     |                        |
| Did yo                        | ou pay or agree to pay some    | one who is NOT an atto    | rney to help you fill out b | ankruptcy forms?                    |                        |
|                               |                                |                           |                             |                                     |                        |
| <b>■</b> N                    | No                             |                           |                             |                                     |                        |
| □ Y                           | es. Name of person             |                           |                             | Attach Bankruptcy Petitio           | n Preparer's Notice,   |
| _                             |                                |                           |                             | Declaration, and Signatur           | re (Official Form 119) |
|                               |                                |                           |                             |                                     |                        |
| Under                         | penalty of perjury, I declare  | that I have read the sum  | mary and schedules file     | d with this declaration and         |                        |
|                               | ey are true and correct.       |                           | •                           |                                     |                        |
| X /s                          | / Jemal Adem Omer              |                           | Х                           |                                     |                        |
|                               | emal Adem Omer                 |                           | Signature of                | Debtor 2                            |                        |
|                               | gnature of Debtor 1            |                           | 2.9                         |                                     |                        |
| _                             |                                |                           | <b>~</b> .                  |                                     |                        |
| Da                            | ate <b>July 27, 2018</b>       |                           | Date                        |                                     |                        |

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| Sill               | in this inform                                 | ation to identify you  | r casa:                                    |   |  |   |  |  |  |  |
|--------------------|--|--|--|---|--|---|--|--|--|--|
|                    |  |  |  |   |  |   |  |  |  |  |
| Der                | otor 1   | Jemal Adem On<br>First Name  | Middle Name                                | Last Name   |  |   |  |  |  |  |
|                    | otor 2<br>use if, filing)                      | First Name   | Middle Name                                | Last Name   |  |   |  |  |  |  |
|                    |  |  |  |   |  |   |  |  |  |  |
| Uni                | ted States Ban                                 | kruptcy Court for the:   | NORTHERN DISTRICT (                        | OF ILLINOIS   |  |   |  |  |  |  |
|                    | se number                                      |  |  |   | _  | heck if this is an mended filing                      |  |  |  |  |
| Sta                |  | of Financial   |  | duals Filing for B  | ankruptcy equally responsible for sup                          | 4/10  |  |  |  |  |
|                    |  | ore space is needed,<br>). Answer every que  |  | this form. On the top of any  | γ additional pages, write yoυ                                  | ir name and case                                      |  |  |  |  |
| Par                | t 1: Give D                                    | etails About Your Ma   | arital Status and Where You                | Lived Before  |  |   |  |  |  |  |
| 1.                 | What is your                                   | current marital statu  | ıs?  |   |  |   |  |  |  |  |
|                    | <ul><li>■ Married</li><li>□ Not marr</li></ul> | ied  |  |   |  |   |  |  |  |  |
| 2.                 | During the la                                  | st 3 years, have you   | lived anywhere other than                  | where you live now?   |  |   |  |  |  |  |
|                    | ■ No □ Yes. List                               | No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. |  |   |  |   |  |  |  |  |
|                    | Debtor 1 Pri                                   | or Address:  | Dates Debtor 1 lived there                 | Debtor 2 Prior Ad   | dress:   | Dates Debtor 2<br>lived there                         |  |  |  |  |
| <b>3.</b><br>state |  |  |  |   | ity property state or territory<br>co, Texas, Washington and W |   |  |  |  |  |
|                    | ■ No □ Yes. Mal                                | ke sure you fill out <i>Scl</i>  | hedule H: Your Codebtors (O                | fficial Form 106H).   |  |   |  |  |  |  |
| Par                | t 2 Explain                                    | n the Sources of You   | r Income                                   |   |  |   |  |  |  |  |
| 4.                 | Fill in the total                              | l amount of income yo  | u received from all jobs and               | ng a business during this yeall businesses, including parter together, list it only once ur |  | ndar years?   |  |  |  |  |
|                    | □ No ■ Yes. Fill                               | in the details.  |  |   |  |   |  |  |  |  |
|                    |  |  | Debtor 1                                   |   | Debtor 2   |   |  |  |  |  |
|                    |  |  | Sources of income<br>Check all that apply. | Gross income<br>(before deductions and<br>exclusions)                                       | Sources of income<br>Check all that apply.                     | Gross income<br>(before deductions<br>and exclusions) |  |  |  |  |
|                    |  | of current year until<br>I for bankruptcy:   | ☐ Wages, commissions, bonuses, tips        | \$17,500.00   | ☐ Wages, commissions, bonuses, tips                            |   |  |  |  |  |
|                    |  |  | Operating a business                       |   | ☐ Operating a business   |   |  |  |  |  |

Official Form 107

Debtor 1 Jemal Adem Omer Document Page 29 of 43 Case number (if known)

|     |                            |                         |  | Debtor 1   |   | Debtor 2  |   |
|-----|----------------------------|-------------------------|--|--|---|---|---|
|     |                            |                         | Sources of income<br>Check all that apply. |  |   | Gross income<br>(before deductions<br>and exclusions) |   |
|     | r last caler<br>nuary 1 to | dar year:<br>December   | 31, 2017 )                                 | ■ Wages, commissions, bonuses, tips  | \$4,569.00  | ☐ Wages, commissions, bonuses, tips                   |   |
|     |                            |                         |  | ☐ Operating a business   |   | ☐ Operating a business                                |   |
|     |                            |                         |  | ☐ Wages, commissions, bonuses, tips  | \$14,489.00   | ☐ Wages, commissions, bonuses, tips                   |   |
|     |                            |                         |  | Operating a business   |   | ☐ Operating a business                                |   |
|     |                            | dar year be<br>December |  | ☐ Wages, commissions, bonuses, tips  | \$11,884.00   | ☐ Wages, commissions, bonuses, tips                   |   |
|     |                            |                         |  | Operating a business   |   | ☐ Operating a business                                |   |
|     | List each                  | -                       | he gross inco                              | e and you have income that y<br>me from each source separat  | _   |   |   |
|     |                            |                         |  | Debtor 1   |   | Debtor 2  |   |
|     |                            |                         |  | Sources of income<br>Describe below.   | Gross income from<br>each source<br>(before deductions and<br>exclusions) | Sources of income<br>Describe below.                  | Gross income<br>(before deductions<br>and exclusions) |
| Pai | rt 3: Lis                  | t Certain Pa            | yments You                                 | Made Before You Filed for E  | ,   |   |   |
| 6.  | Are either                 | Neither De              | ebtor 1 nor Dorimarily for a               | s debts primarily consumer<br>ebtor 2 has primarily consu<br>personal, family, or househole<br>re you filed for bankruptcy, did  | <b>mer debts.</b> Consumer deb<br>d purpose."                             | -   | 101(8) as "incurred by an                             |
|     |                            | No.                     | Go to line 7.                              |  |   |   |   |
|     |                            | ☐ Yes                   | paid that cre<br>not include p             | ach creditor to whom you paid<br>editor. Do not include paymen<br>payments to an attorney for th<br>on 4/01/19 and every 3 years | ts for domestic support obli<br>is bankruptcy case.                       | gations, such as child suppo                          | rt and alimony. Also, do                              |
|     | ☐ Yes.                     |                         |  | r both have primarily consure you filed for bankruptcy, did  |   | al of \$600 or more?                                  |   |
|     |                            | □ No.                   | Go to line 7.                              |  |   |   |   |
|     |                            | □ Yes                   | List below e include payr                  | ach creditor to whom you paid<br>ments for domestic support ob<br>this bankruptcy case.  |   |   |   |
|     | Creditor                   | 's Name and             | l Address                                  | Dates of paymen  | nt Total amount paid  | Amount you Was thi                                    | is payment for  |

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| 7.  | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?  Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. |                              |                      |                      |                    |                                |  |  |  |  |
|-----|--|------------------------------|----------------------|----------------------|--------------------|--------------------------------|--|--|--|--|
|     | <ul><li>No</li><li>Yes. List all payments to an insider.</li></ul>   |                              |                      |                      |                    |                                |  |  |  |  |
|     | ☐ Yes. List all payments to an insider.  Insider's Name and Address  | Dates of payment             | Total amount paid    | Amount you still owe | Reason for         | r this payment                 |  |  |  |  |
| 8.  | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cost  |                              | ments or transfer a  | any property on a    | ccount of a d      | lebt that benefited an         |  |  |  |  |
|     | ■ No □ Yes. List all payments to an insider  | ,                            |                      |                      |                    |                                |  |  |  |  |
|     | Insider's Name and Address   | Dates of payment             | Total amount paid    | Amount you still owe |                    | r this payment<br>ditor's name |  |  |  |  |
| Par | t 4: Identify Legal Actions, Repossessio   | ns. and Foreclosures         |                      |                      |                    |                                |  |  |  |  |
| 9.  | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details.   |                              |                      |                      |                    |                                |  |  |  |  |
|     | Case title Case number   | Nature of the case           | Court or agency      |                      | Status of the      | he case                        |  |  |  |  |
|     | Within 1 year before you filed for bankrupt Check all that apply and fill in the details belo  No. Go to line 11.  Yes. Fill in the information below.   |                              | erty repossessed, f  | oreclosed, garnis    | shed, attache      | d, seized, or levied?          |  |  |  |  |
|     | Creditor Name and Address  | Describe the Property        |                      | Date                 |                    | Value of the                   |  |  |  |  |
|     | Oreuttor Name and Address  | Explain what happened        | Date                 | property             |                    |                                |  |  |  |  |
| 11. | Within 90 days before you filed for bankru accounts or refuse to make a payment bec ■ No □ Yes. Fill in the details.   |                              | uding a bank or fir  | nancial institution  | , set off any      | amounts from your              |  |  |  |  |
|     | Creditor Name and Address  | Describe the action the      | creditor took        | Date<br>taken        | action was         | Amount                         |  |  |  |  |
| 12. | 2. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?  No Yes  |                              |                      |                      |                    |                                |  |  |  |  |
| Par | t 5: List Certain Gifts and Contributions  |                              |                      |                      |                    |                                |  |  |  |  |
| 13. | Within 2 years before you filed for bankrup  | otcy, did you give any gifts | s with a total value | of more than \$60    | 0 per person       | ?                              |  |  |  |  |
|     | ☐ Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  | Describe the gifts           |                      | Dates<br>the g       | s you gave<br>ifts | Value                          |  |  |  |  |
|     | Person to Whom You Gave the Gift and Address:  |                              |                      |                      |                    |                                |  |  |  |  |

| Deb | otor 1 Jemal Adem Omer   | Docu                             | ument                    | Page 32                                | L of 43<br>Case numbe                        | 「 (if known)                      |                           |
|-----|--|----------------------------------|--------------------------|--|--|-----------------------------------|---------------------------|
| 14. | Within 2 years before you filed for bankru   | ptcy, did you                    | u give any g             | ifts or contri                         | butions with a to                            | tal value of more than            | \$600 to any charity?     |
|     | <ul><li>No</li><li>☐ Yes. Fill in the details for each gift or co</li></ul>  |                                  |                          |  |  |                                   |                           |
|     | Gifts or contributions to charities that to<br>more than \$600<br>Charity's Name<br>Address (Number, Street, City, State and ZIP Code)   |                                  | cribe what               | you contribut                          | ed   | Dates you contributed             | Value                     |
| Par | t 6: List Certain Losses   |                                  |                          |  |  |                                   |                           |
| 15. | Within 1 year before you filed for bankrup or gambling?  | tcy or since                     | you filed fo             | r bankruptcy                           | , did you lose an                            | ything because of thef            | t, fire, other disaster   |
|     | ■ No □ Yes. Fill in the details.   |                                  |                          |  |  |                                   |                           |
|     | how the loss occurred  | nclude the ar                    | nount that ir            |  | the loss paid. List pending a A/B: Property. | Date of your loss                 | Value of property<br>lost |
| Par | rt 7: List Certain Payments or Transfers   |                                  |                          |  |  |                                   |                           |
|     | consulted about seeking bankruptcy or p Include any attorneys, bankruptcy petition pr  ☐ No ☐ Yes. Fill in the details.  Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo | peparers, or cr<br>Desc<br>trans | edit counse              |  |  | Date payment or transfer was made | Amount of payment         |
|     | The Law Offices of Jonathan R Hado<br>1147 W 175th Street<br>Homewood, IL 60430<br>Jonathan@JRHaddadlaw.com  | Filir                            | ng Fee- \$3              | s- \$1632.00<br>35.00<br>• Report- \$3 | 3.00   |                                   | \$1,632.00                |
| 17. | Within 1 year before you filed for bankrup promised to help you deal with your credi Do not include any payment or transfer that y   | tors or to ma                    | ake paymer               |  |  | or transfer any prope             | rty to anyone who         |
|     | ■ No □ Yes. Fill in the details.   |                                  |                          |  |  |                                   |                           |
|     | Person Who Was Paid<br>Address   |                                  | cription and<br>sferred  | d value of any                         | property                                     | Date payment or transfer was made | Amount of payment         |
| 18. | Within 2 years before you filed for bankru transferred in the ordinary course of your Include both outright transfers and transfers include gifts and transfers that you have alre                                   | business or<br>made as secu      | financial aurity (such a | ffairs?<br>s the granting              |  |                                   |                           |

NoYes. Fill in the details.

Person Who Received Transfer Address Person's relationship to you Description and value of property transferred

Describe any property or payments received or debts paid in exchange

Date transfer was made

| Del | btor 1 Jemal Adem Omer  | Document   | Page 32 c   | of 43<br>Case nu | mber (if known)   |   |
|-----|---|--|---|------------------|---|---|
| 19. | Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro ■ No □ Yes. Fill in the details.  | tection devices.)  |   |                  |   | ·   |
|     | Name of trust   | Description and  | value of the pro  | operty trai      | nsferred  | Date Transfer was made                        |
| Pai | rt 8: List of Certain Financial Accounts, Ins   | truments, Safe Depos   | sit Boxes, and S  | torage Un        | nits  |   |
| 20. | Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, o houses, pension funds, cooperatives, assoc No | r other financial acco   | unts; certificate                                       | s of depo        |   |   |
|     | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  | Last 4 digits of account number                                      | Type of account or instrument                           |                  | Date account was<br>closed, sold,<br>moved, or<br>transferred | Last balance<br>before closing or<br>transfer |
|     | Chase Bank  | XXXX-  | ☐ Checking ☐ Savings ☐ Money Market ☐ Brokerage ☐ Other |                  | June 2018   | \$50.00                                       |
| 21. | cash, or other valuables?   | ear before you filed fo  | or bankruptcy, a  | any safe d       | eposit box or other depo                                      | sitory for securities,                        |
|     | Yes. Fill in the details.  Name of Financial Institution Address (Number, Street, City, State and ZIP Code)   | Who else had ac<br>Address (Number,<br>State and ZIP Code)           |   |                  | e the contents  | Do you still have it?                         |
| 22. | ■ No □ Yes. Fill in the details.  |  |   |                  |   |   |
|     | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)   | Who else has or<br>to it?<br>Address (Number,<br>State and ZIP Code) |   | Describ          | e the contents  | Do you still have it?                         |
| Pai | rt 9: Identify Property You Hold or Control   | for Someone Else   |   |                  |   |   |
| 23. | Do you hold or control any property that sor for someone.   | neone else owns? Inc   | lude any prope  | rty you bo       | orrowed from, are storing                                     | for, or hold in trust                         |

No

**Owner's Name** 

Yes. Fill in the details.

Address (Number, Street, City, State and ZIP Code)

Where is the property? (Number, Street, City, State and ZIP Code)

Describe the property

Value

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Debtor 1 **Jemal Adem Omer** 

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

| Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or   |
|--|
| toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or         |
| regulations controlling the cleanup of these substances, wastes, or material.  |
| Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used |

to own, operate, or utilize it, including disposal sites.

|  |   | inin, operate, or animed in, interacting anope                                |  |          |   |                    |  |
|--|---|---|--|----------|---|--------------------|--|
|  | Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. |   |  |          |   |                    |  |
| Rep  | ort a   | II notices, releases, and proceedings that                                    | at you know about, regardless of when                                      | they o   | ccurred.  |                    |  |
| 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? |   |   |  |          | ental law?  |                    |  |
|  | ■ No □ Yes. Fill in the details.  |   |  |          |   |                    |  |
|  |   | me of site<br>dress (Number, Street, City, State and ZIP Code)                | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | _        | vironmental law, if you<br>ow it                    | Date of notice     |  |
| 25.  | Hav   | Have you notified any governmental unit of any release of hazardous material? |  |          |   |                    |  |
|  |   | No<br>Yes. Fill in the details.   |  |          |   |                    |  |
|  |   | me of site<br>dress (Number, Street, City, State and ZIP Code)                | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) |          | vironmental law, if you<br>ow it                    | Date of notice     |  |
| 26.  | Hav   | re you been a party in any judicial or adn                                    | ninistrative proceeding under any envir                                    | ronmen   | ital law? Include settlements                       | and orders.        |  |
|  |   | No<br>Yes. Fill in the details.   |  |          |   |                    |  |
|  |   | se Title<br>se Number   | Court or agency Name Address (Number, Street, City, State and ZIP Code)    | Nature   | e of the case                                       | Status of the case |  |
| Par  | t 11:   | Give Details About Your Business or   | Connections to Any Business  |          |   |                    |  |
| 27.  | Wit   | hin 4 years before you filed for bankrupt                                     | cy, did you own a business or have an                                      | y of the | following connections to an                         | y business?        |  |
|  | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time   |   |  |          |   |                    |  |
|  | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)  |   |  |          |   |                    |  |
|  | ☐ A partner in a partnership  |   |  |          |   |                    |  |
|  | ☐ An officer, director, or managing executive of a corporation  |   |  |          |   |                    |  |
|  | ☐ An owner of at least 5% of the voting or equity securities of a corporation   |   |  |          |   |                    |  |
|  | □ No. None of the above applies. Go to Part 12.   |   |  |          |   |                    |  |
|  | Yes. Check all that apply above and fill in the details below for each business.  |   |  |          |   |                    |  |
|  | Business Name<br>Address<br>(Number, Street, City, State and ZIP Code)  |   | Describe the nature of the business  |          | mployer Identification numbe                        |                    |  |
|  |   |   | Name of accountant or bookkeeper   |          | o not include Social Security ates business existed | number or ITIN.    |  |
|  | Ar  | ja Inc  | Taxi Driver  |          | IN:   |                    |  |
|  |   | 50 N Clark<br>iicago, IL 60626  |  | F        | rom-To 2005 to present                              |                    |  |

Page 34 of 43 Document Debtor 1 Case number (if known) Jemal Adem Omer 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. ☐ Yes. Fill in the details below. Name **Date Issued Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Jemal Adem Omer Signature of Debtor 2 Jemal Adem Omer Signature of Debtor 1 Date July 27, 2018 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes

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Desc Main

Case 18-21081

Doc 1

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Filed 07/27/18

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| Fill in this inform                  | nation to identify your                             | case:                                       |   |  |
|--------------------------------------|---|---|---|--|
| Debtor 1                             | Jemal Adem Ome                                      |   |   |  |
| Debter 1                             | First Name  | Middle Name                                 | Last Name   | _  |
| Debtor 2<br>(Spouse if, filing)      | First Name  | Middle Name                                 | Last Name   | _  |
|                                      |   |   | FRICT OF ILLINOIS   |  |
| United States Ba                     | nkruptcy Court for the:                             | NORTHERN DIST                               | TRICT OF ILLINOIS   | _  |
| Case number<br>(if known)            |   |   |   | ☐ Check if this is an amended filing                         |
| Official Fo<br><b>Statemer</b>       |   | n for Indiv                                 | riduals Filing Under Cha  | apter 7 12/15  |
|                                      | vidual filing under cha                             |   | I out this form if:   |  |
| _                                    | e claims secured by yo                              |   |   |  |
| You must file this                   | ver is earlier, unless th                           | ithin 30 days after                         | ot expired.<br>you file your bankruptcy petition or by the o<br>e time for cause. You must also send copie                                    |  |
|                                      | eople are filing togethe                            | r in a joint case, bo                       | th are equally responsible for supplying co   | rrect information. Both debtors must                         |
|                                      | and accurate as possib<br>our name and case nur     |   | needed, attach a separate sheet to this for   | m. On the top of any additional pages,                       |
| Part 1: List Yo                      | our Creditors Who Hav                               | e Secured Claims                            |   |  |
| 1. For any credite                   | ors that you listed in Pa                           | art 1 of Schedule D                         | : Creditors Who Have Claims Secured by Pi   | roperty (Official Form 106D), fill in the                    |
| information be                       | elow.<br>editor and the property t                  | hat is collatoral                           | What do you intend to do with the proper  | the that Did you aloim the property                          |
| identity the cre                     | editor and the property t                           | nat is conateral                            | What do you intend to do with the proper secures a debt?  | rty that Did you claim the property as exempt on Schedule C? |
| Creditor's P                         | rogressive Credit U                                 | ni  | ■ Surrender the property.   | ■ No   |
| name:                                |   |   | ☐ Retain the property and redeem it.  | -  |
| •                                    | Taxi Medallion: 46                                  | 8 TX  | ☐ Retain the property and enter into a<br>Reaffirmation Agreement.  | ☐ Yes  |
| property<br>securing debt:           |   |   | ☐ Retain the property and [explain]:  |  |
| Part 2: List Yo                      | our Unexpired Persona                               | I Property I eases                          |   |  |
| For any unexpire in the informatio   | ed personal property le<br>n below. Do not list rea | ase that you listed<br>al estate leases. Un | in Schedule G: Executory Contracts and Ur<br>expired leases are leases that are still in eff<br>the trustee does not assume it. 11 U.S.C. § 3 | ect; the lease period has not yet ended.                     |
| Describe vour u                      | nexpired personal pro                               | perty leases                                |   | Will the lease be assumed?                                   |
|                                      |   | ,   |   | _  |
| Lessor's name:<br>Description of lea | ased  |   |   | □ No   |
| Property:                            | 2000  |   |   | ☐ Yes  |
| Lessor's name:                       | anad  |   |   | □ No   |
| Description of lea<br>Property:      | asea  |   |   | ☐ Yes  |
| Lessor's name:                       |   |   |   | □ No   |

Statement of Intention for Individuals Filing Under Chapter 7

Official Form 108

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| Debtor  | 1 Jemal Adem Omer   | Case number (if known)  |
|---------|---|---|
|         | otion of leased   |   |
| Propert | ty:   | ☐ Yes   |
|         | s name:<br>otion of leased  | □ No  |
| Propert |   | ☐ Yes   |
|         | s name:<br>otion of leased  | □ No  |
| Propert |   | ☐ Yes   |
|         | s name:<br>otion of leased  | □ No  |
| Propert |   | ☐ Yes   |
|         | s name:   | □ No  |
| Propert | otion of leased<br>by:  | ☐ Yes   |
| Part 3: | Sign Below  |   |
|         | penalty of perjury, I declare that I have indicated my in<br>y that is subject to an unexpired lease. | ntention about any property of my estate that secures a debt and any personal |
|         | / Jemal Adem Omer   | x   |
|         | emal Adem Omer<br>gnature of Debtor 1   | Signature of Debtor 2   |
| Da      | ate <b>July 27, 2018</b>  | Date  |

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-21081 Doc 1 Filed 07/27/18 Entered 07/27/18 12:09:46 Desc Main Document Page 41 of 43

B2030 (Form 2030) (12/15)

### **United States Bankruptcy Court**Northern District of Illinois

| In re  | Jemal Adem Omer  |   | Case No.   |                         |              |  |
|--------|--|---|--|-------------------------|--------------|--|
|        |  | Debtor(s)   | Chapter  | 7                       |              |  |
|        | DISCLOSURE OF COME   | PENSATION OF ATTORN   | EY FOR DE  | EBTOR(S)                |              |  |
|        | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2 compensation paid to me within one year before the be rendered on behalf of the debtor(s) in contemplati   | filing of the petition in bankruptcy, or  | agreed to be paid                                  | to me, for services ren | dered or to  |  |
|        | For legal services, I have agreed to accept  |   | \$   | 1,632.00                |              |  |
|        | Prior to the filing of this statement I have receive   | ved   | \$   | 1,632.00                |              |  |
|        | Balance Due  |   | \$   | 0.00                    |              |  |
| 2.     | The source of the compensation paid to me was:   |   |  |                         |              |  |
|        | ■ Debtor □ Other (specify):  |   |  |                         |              |  |
| 3.     | The source of compensation to be paid to me is:  |   |  |                         |              |  |
|        | ■ Debtor □ Other (specify):  |   |  |                         |              |  |
| 4.     | ■ I have not agreed to share the above-disclosed co  | ompensation with any other person unl   | less they are mem                                  | bers and associates of  | my law firm. |  |
|        | ☐ I have agreed to share the above-disclosed comp copy of the agreement, together with a list of the   |   |  |                         | w firm. A    |  |
| 5.     | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:  |   |  |                         |              |  |
|        | <ul> <li>a. Analysis of the debtor's financial situation, and reb. Preparation and filing of any petition, schedules,</li> <li>c. Representation of the debtor at the meeting of cred. [Other provisions as needed]         Negotiations with secured creditors reaffirmation agreements and applications.     </li> </ul> | statement of affairs and plan which madeditors and confirmation hearing, and at to reduce to market value; exempations as needed; preparation and | ay be required; any adjourned hea  ption planning; | rings thereof;          | ling of      |  |
| 6.     | 522(f)(2)(A) for avoidance of liens on  By agreement with the debtor(s), the above-disclosed  Representation of the debtors in any any other adversary proceeding.   | d fee does not include the following se   |  | es, relief from stay    | actions or   |  |
|        |  | CERTIFICATION   |  |                         |              |  |
| this b | I certify that the foregoing is a complete statement of bankruptcy proceeding.   | f any agreement or arrangement for pa   | yment to me for r                                  | epresentation of the de | btor(s) in   |  |
| J      | July 27, 2018  | /s/ Jonathan R. Had   | dad  |                         |              |  |
| Ī      | Date   | Jonathan R. Haddad<br>Signature of Attorney<br>The Law Offices of<br>1147 W 175th Street  | Jonathan R Had                                     | ddad                    | —            |  |
|        |  | Homewood, IL 6043<br>(708)259-3337 Fax:<br>Jonathan@JRHadda<br>Name of law firm   | (708)991-2058                                      |                         |              |  |

### United States Bankruptcy Court Northern District of Illinois

| In re | Jemal Adem Omer                            |   | Case No.                        |            |
|-------|--|---|---------------------------------|------------|
|       |  | Debtor(s)   | Chapter 7                       |            |
|       | VE   | RIFICATION OF CREDITOR M                                  | ATRIX                           |            |
|       |  | Number of   | Creditors:                      | 2          |
|       | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of credit                   | fors is true and correct to the | best of my |
| Date: | July 27, 2018                              | /s/ Jemal Adem Omer  Jemal Adem Omer  Signature of Debtor |                                 |            |

Alvin W. Block & Associates 33 North LaSalle Street 30th Floor Chicago, IL 60602

Progressive Credit Uni 131 W 33rd St Fl 7 New York, NY 10001